Image# 10931430986 10/13/2010 21:38

## FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

_									
1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations  (a) Name									
CAMPAIGN MONEY WATCH									
_	(b) Address (number and street)	ent than previously reported NW 9TH FLOOR	2. FEC Identification Number						
_	(c) City, State and ZIP Code WASHINGTON	DC 20036	<b>C</b> C30000160						
	(d) Name of Employer or Principal Place of Business	(d) Name of Employer or Principal Place of Business (e) Occupation							
3.	Is This Statement or Amended	4. Covering Period	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
5.	(a) Date of Public Distribution(s)	$\begin{bmatrix} 0 & 0 & 0 \\ 0 & 8 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$ (b) Comm	unication Title Gun Dealer						
6.	The filer is a(n): (a) Individual (b) X	Unincorporated Organization (c)	Qualified Nonprofit Corporation (11 CFR 114.10)						
	(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15  (e) Other, specify:								
7.	7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?								
8.	Custodian of Records								
	(a) Name								
	David Donnelly								
	(b) Address (number and street) Campaign Money Watch								
	(c) City, State and ZIP Code								
	Washington	DC	20036						
	(d) Name of Employer or Principal Place of Business	(e) Occu	pation						
	Public Campaign Action Fund	Nationa	al Campaigns Director						
9.	Total Donations This Statement		350000.00						
10	Total Disbursements/Obligations This Sta	atement	41000.00						
	Under penalty of perjury, I certify that this statement is true, correct and complete.								
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM  David Donnelly								
	SIGNATURE Electronically Filed by David Don	nelly DATE _	10/13/2010						

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalities of 2 U.S.C. 437g.

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A.	Full Name of Donor					
	Service Employees International Union  Mailing Address of Donor  1800 Massachusetts Ave			Date of Receipt		
				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
				Amount		
				350000.00		
	City	State	Zip			
	Washington	DC	20036	Transction ID: F92.000001		
SUBT	OTAL of Donations This Page (	optional)	350000.00			
ΤΩΤ ΔΙ	L This Period (last page this lin	e number only)		350000.00		
UIA	(carry total from last page this iii)	ina 9)		30000.00		

## Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initia	l) of Payee		Date of Disbursement or Obligation
MacWilliams Sanders			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address of Payee 7 Trillium Way		Amount	
City	State Zip C	ode	41000.00
Amherst	MA 0100		Communication Date
Name of Employer	Occupation	on	M M / D D / Y Y Y
	·		1.0 0.8 2.010
Purpose of Disbursement (including	g title(s) of communication(s)	Transction ID: F93.000001	
· '	g title(s) of communication(s))		
Placement of Gun Dealer			
Name of Federal Candidate Ken Buck	Office Sought: House	State: CO	Disbursement/Obligation For: 2010
Ken buck	χ Senate	District:	Primary χ General
F94.000002	Presiden	t	Other (specify)
Name of Federal Candidate	Office Sought: House	State:	Disbursement/Obligation For:
	Senate	District:	Primary General
	Presiden	it ———	Other (specify)
Name of Federal Candidate	Office Sought: House	State:	Disbursement/Obligation For:
	Senate		Primary General
	Presiden	t District:	Other (specify)
SUBTOTAL of Disbursement/Oblig	ation This Page (optional)		41000.00
TOTAL This Period (last page this (carry total from last page)	41000.00		

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